

There are three easy ways you can access the Associate Advantages program:

1. Visit [www.ccity.com](http://www.ccity.com) and click on "Associate Advantages," from "YouDecide" under "Associate and Community"
2. Visit the YouDecide Web site for Circuit City Associates at [www.youdecide.com/circuitcity](http://www.youdecide.com/circuitcity) (Client ID: CTY289)
3. Call toll free (800) 211-6077

*Associate participation in the services and discount programs offered is completely voluntary. Circuit City neither promotes nor endorses one product over another.*

## The Heart of the City

The Heart of the City program is designed to harness the power of Circuit City Associates to take care of our communities and respond to emergencies through financial support and volunteerism. Heart of the City primarily supports three philanthropic programs:

### **United Way**

Circuit City continues its longstanding support of this important agency that supports many vital community charities.

### **Boys & Girls Clubs of America's ImageMakers**

Circuit City Foundation has partnered with Boys & Girls Clubs of America to sponsor ImageMakers, a national youth photography program. Through an annual donation of \$1 million, the program offers a photography curriculum, resource guides, volunteer programs, local, regional and national judging and scholarships. ImageMakers supports the mission of more than 3,100 Boys & Girls Clubs across the country. This collaboration provides an opportunity for Boys & Girls Clubs and Circuit City Stores nationwide to form a unique partnership that will benefit at-risk youth while giving Associates the opportunity to participate in the charitable work the Company supports.

### **Associate Relief Fund**

Inspired by Associate response to the Gulf Coast hurricanes of 2005, Circuit City created this fund to enable Circuit City Associates to help each other in times of need. Circuit City may provide a benefit for full-time and part-time Associates who experience one of the following:

- An uninsured loss due to a natural or civil disaster (including hurricane, tornado, fire, flood and earthquake);
- An uninsured death or serious illness in the Associate's immediate family (a relative by blood, legal adoption or marriage and lives in the same household as the Associate).

To apply:

- Go to your HR manager or the forms page on [www.ccity.com](http://www.ccity.com) for an application.
- Submit the application within six months of the event to:  
Circuit City Relief Fund  
P.O. Box 29977  
Richmond, VA 23242-0977
- Once your application is received, the selections committee will review and notify you of the decision.

**Associates may only apply for a relief fund benefit once per hardship.**

Associates may also donate to the relief fund at anytime. Simply write a personal check or money order made payable to the Circuit City Relief Fund and mail it along with the Donation Form to Circuit City Relief Fund, P.O. Box 29977, Richmond, VA 23242-0977. For more information regarding the relief fund, review the Relief Fund Guidelines SOP.

**Principal Residence (for Travel Assistance Coverage only)**

An individual's legal domicile.

**Principal Sum**

The amount that certain benefits are calculated from. Your Principal Sum is shown in the COVERAGE section of this document.

**Qualified Family Status Change**

A change in status including marriage, birth or adoption of child, change in employment status or change in eligibility. A Qualified Change in Status allows you to change your current benefits elections, as long as the new election is consistent with the status change, is made within the same Plan Year in which the event occurs and complies with applicable federal tax laws.

**Reasonable & Customary Charge**

Equal to 150 percent of the Medicare allowance rate.

**Regular Associate**

An Associate who is hired with the view at the time of hiring that, with satisfactory performance, s/he will be employed by the Employer for an unspecified period of time.

**Regular Full-time Associate**

Regular Associates who are scheduled to work 30 or more hours per week on a regular basis.

**Regular Occupation**

The occupation an individual routinely performs. When an individual is absent from work due to a Medical Condition, the insurance carrier will look at the individual's occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.

**Regular Part-time Associate**

Regular Associates who are scheduled to work fewer than 30 hours per week on a regular basis and are not Grandfathered Part-time Associates. Hours during the months of November and December are not used when determining regularly scheduled hours per week.

**Rehire**

To re-employ any former Associate as if s/he were a new hire at the time of rehire. Service during any previous employment will not be considered.

**Room and Board**

Room, board, general duty nursing, intensive nursing care by whatever name called and any other services regularly furnished by the Hospital as a condition of occupancy of the class of accommodations occupied, but not including professional services of Physicians or special nursing services rendered outside of an intensive care unit by whatever name called.

**Salaried Associate (Exempt)**

Associates who are paid on a salaried basis and are exempt from the overtime requirements of the Fair Labor Standards Act.

**Self-Reported Symptoms**

Manifestations of a condition, which are not verifiable using standard, accepted medical tests, procedures or clinical examinations. Examples of self-reported symptoms include, but are not limited to headaches, pain, fatigue, stiffness, soreness, ringing in the ears, dizziness, numbness, and loss of energy.

**Skilled Nursing Facility**

A facility approved by Medicare as a skilled nursing facility is covered by this Plan. If not approved by Medicare, it must meet all of the following tests:

1. Is operated under the applicable licensing and other laws of the jurisdiction in which it operates.
2. Is under the supervision of a licensed Physician or registered graduate nurse (RN) who is devoting full time to supervision.

**Nurse Midwife**

- A person who is licensed or certified to practice as a nurse midwife and fulfills both of these requirements:
- Is licensed by a board of nursing as a registered graduate nurse (RN).
  - Has completed a program approved by the state for the preparation of nurse midwives.

**Nurse Practitioner**

- A person who is licensed or certified to practice as a nurse practitioner and fulfills both of these requirements:
- Is licensed by a board of nursing as a registered graduate nurse (RN).
  - Has completed a program approved by the state for the preparation of nurse practitioners.

**Nutrition Services**

Services requiring medical management and skilled administration and maintenance.

**Other Services and Supplies**

Services and supplies furnished to the individual and required for treatment, other than the professional services of any Physician and any private duty or special nursing services (including intensive nursing care by whatever name called).

**Out-of-Pocket Maximum**

A cap that is placed on the amount of Coinsurance that a Participant pays. When the Participant reaches this amount, the Plan pays 100% of the Covered Expenses that require Participant Coinsurance for the remainder of the Plan Year.

**Participant**

An Associate of the Company and her/his covered Dependents who meet the eligibility requirements and complete the appropriate enrollment for the Plan.

**Permanently and Totally Disabled**

Completely and continually disabled, as established by competent medical authority, and cannot work, for any income, at any job that s/he is reasonably suited by education, training or experience to do.

**Physician**

A legally qualified Doctor of Medicine (M.D.), Doctor of Chiropractic (D.C.), Doctor of Dental Surgery (D.D.S.), Doctor of Medical Dentistry (D.M.D.), Doctor of Osteopathy (D.O.), Doctor of Podiatry (D.P.M.).

**Plan Year**

The 12-month period of time upon which financial records for each Plan are based. The Plan Year may vary by Plan.

**Pre-existing Condition**

Any physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within a set time period prior to a Participant's Enrollment Date.

**Pre-existing Condition Exclusion Period**

A period of twelve months after the Enrollment Date during which expenses or benefits related to Pre-existing Conditions are excluded from coverage. For the Medical Plan, this period may be reduced or eliminated by Creditable Coverage.

**Premium Waiver**

A continuation of Life insurance coverage at no cost to the Associate should s/he become totally and Permanently Disabled as a result of an Injury or Illness while covered under the Basic and/or Supplemental Life Plan. The Associate must be completely disabled through a 180-day Elimination Period that starts on the initial date of absence due to a Medical Condition and be under age 60 to qualify for this benefit. Premium waiver does not apply for Spousal Life, Child Life or AD&D coverage.

**Pre-tax Contribution**

Contribution that a Participant elects to be deducted from her/his paycheck prior to the calculation of income taxes.

**Medical Condition**

An illness, injury or other medically related condition that is certified by a Medical Doctor.

**Medical Doctor**

A duly licensed Doctor of Medicine (MD), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM) under applicable state laws.

**Medically Necessary**

Health care services and supplies which are determined by the Plan administrator to be medically appropriate, and

1. Necessary to meet the basic health needs of the covered person.
2. Rendered in the most cost-effective manner and type of setting appropriate for the delivery of the Health Service.
3. Consistent in type, frequency and duration of treatment with scientifically based guidelines of national medical, research or health care coverage organizations or governmental agencies that are accepted by the Plan administrator.
4. Consistent with the diagnosis of the condition.
5. Required for reasons other than the convenience of the covered person or her/his Physician.
6. Demonstrated through prevailing peer-reviewed medical literature to be either:
  - Safe and effective for treating or diagnosing the condition or sickness for which their use is proposed; or
  - Safe with promising efficacy for treating a life-threatening sickness or condition in a clinically controlled research setting using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health.

For the purposes of this definition, the term "life-threatening" is used to describe sicknesses or conditions, which are more likely than not to cause death within one year of the date of the request for treatment. The fact that a Physician has performed or prescribed a procedure or treatment or the fact that it may be the only treatment for a particular Injury, sickness or Mental Illness does not mean that it is a Medically Necessary Covered Service as defined in this Summary Plan Description. The definition of Medically Necessary used in this Summary Plan Description relates only to coverage and may differ from the way in which a Physician engaged in the practice of medicine may define Medically Necessary.

**Medicare**

The Health Insurance for the Aged and Disabled program under Title XVIII of the Social Security Act.

**Mental Illness**

A psychiatric or psychological condition regardless of cause such as schizophrenia, depression, manic depressive or bipolar illness, anxiety, personality disorders and/or adjustment disorders or other conditions. These conditions are usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

**Network Hospital**

A Hospital which meets the claims administrator's definition of Hospital and which has contracted to participate in the claims administrator's network.

**Network Physician**

A Physician who has signed an agreement with the claims administrator to participate in the network.

**Network Provider**

A provider who has signed an agreement with the claims administrator to participate in the network.

**No-Fault Automobile Insurance Law**

The basic reparations provision of a law providing for payments without determining fault in connection with automobile accidents.

**Non-network Provider**

A provider who has not signed an agreement with the claims administrator to participate in the network.

- Has a full-time administrator;
- Maintains written records of services provided to the patient;
- Is staffed by at least one registered graduate nurse (RN) or has nursing care by a registered graduate nurse (RN) available;
- Its employees are bonded and the agency provides malpractice insurance.

#### **Hourly Associate**

A non-exempt Associate whose rate of pay is by the hour.

#### **Hospice**

An agency that provides counseling and incidental medical services for a terminally ill individual. Room and Board may be provided. The agency must meet all of the following tests:

- Is approved under any required state or governmental Certificate of Need.
- Provides 24 hour-a-day, 7 day-a-week service.
- Is under the direct supervision of a duly qualified Physician.
- Has a nurse coordinator who is a registered graduate nurse (RN) with four years of full-time clinical experience (two of these years must involve caring for terminally ill patients).
- Has a social-service coordinator who is licensed in the area in which it is located
- Its main purpose is to provide hospice services.
- Has a full-time administrator.
- Maintains written records of services given to the patient.
- Its employees are bonded and the agency provides malpractice and malplacement insurance.
- Is established and operated in accordance with any applicable state laws.

#### **Hospital**

An institution that is engaged primarily in providing medical care and treatment of sick and injured persons on an inpatient basis at the patient's expense and which fully meets one of the following three tests:

1. Is accredited as a hospital by the Joint Commission on Accreditation of Hospitals.
2. Is approved by Medicare as a hospital.
3. Meets all of the following tests:
  - Maintains on the premises, diagnostic and therapeutic facilities for surgical and medical diagnosis and treatment of sick and injured persons by or under the supervision of a staff of duly qualified Physicians;
  - Continuously provides on the premises, 24 hour-a-day nursing service by or under the supervision of registered graduate nurses (RN); and
  - Is operated continuously with organized facilities for operative surgery on the premises.

"Hospital" includes a Treatment Center.

#### **Illness or Ill (as it applies to Travel Assistance Coverage only)**

A sickness or disease, which impairs normal functions of the body.

#### **Injured, Injury or Injuries (as it applies to Travel Assistance Coverage only)**

A bodily injury or injuries. It is not limited to accidental bodily injuries.

#### **Injury**

A bodily injury directly caused by accidental means, which is independent of all other causes, results from a covered event, and occurs while the Insured has coverage under the Policy.

#### **Material and Substantial Duties**

Duties that are normally required for the performance of a Regular Occupation that cannot be reasonably omitted or modified.

#### **Medical Certification**

Documentation from a Medical Doctor excusing your absence from work due to your Medical Condition.

**ERISA**

The Employee Retirement Income Security Act of 1974, as amended.

**Evidence of Insurability (EOI)**

A statement of your medical history that the insurance carrier will use to determine approval for coverage. If approval is granted, coverage or the increase in coverage will be effective the first of the month following the date of the approval. The Associate must be Actively at Work for coverage to begin.

**Experimental, Investigational or Unproven Services**

Medical, surgical, diagnostic, psychiatric, substance abuse or other health care services, technologies, supplies, treatments, procedures, drug therapies or devices that, at the time the Plan makes a determination regarding coverage in a particular place, is determined to be:

- Not approved by the U.S. Food and Drug Administration (FDA) to be lawfully marketed for the proposed use and not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use;
- Subject to review and approval by any institutional review board for the proposed use;
- The subject of an ongoing clinical trial that meets the definition of a Phase 1, 2, or 3 clinical trial set forth in the FDA regulations, regardless of whether the trial is actually subject to FDA oversight;
- Not demonstrated through prevailing peer-reviewed medical literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed.
- The Plan, in its judgment, may deem an Experimental, Investigational or Unproven Service a Covered Service for treating a life-threatening sickness or condition if it is determined by the Plan that the Experimental, Investigational or Unproven Service at the time of the determination:
  - Is safe with promising efficacy;
  - Is provided in a clinically controlled research setting;
  - Uses a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health.

For the purposes of this definition, the term "life-threatening" is used to describe sicknesses or conditions, which are more likely than not to cause death within one year of the date of the request for treatment.

**Extra-Ordinary Circumstances**

A stop in service, due to a strike or major breakdown of one or more public transit systems regularly used by the Associate for non-business commutation between his or her home and place of regular employment, requiring the Associate to use a car or other conveyance.

**Gainful Occupation**

An occupation that is or can be expected to provide the Associate with an income that equals at least 60% of her/his Indexed Monthly Earnings.

**Gross Pay**

Your total pay for a pay period before deductions, reductions and taxes have been subtracted.

**Health Care Provider**

A licensed or certified provider whose services are given within the scope of that provider's license or certification.

**Hijacker**

Someone who unlawfully seizes or wrongfully exercises control of an aircraft or conveyance or its crew.

**Home Health Care Agency**

An agency or organization that provides a program of home health care and fully meets one of the following three tests:

1. Is approved under Medicare.
2. Is established and operated in accordance with the applicable licensing and other laws.
3. Meets all of the following tests:
  - Has the primary purpose of providing a home health care delivery system bringing supportive services to the home;

- Biological or adopted children who are mentally or physically disabled if they are dependent on you for support and are incapable of self-support and if the condition began before the end of the calendar month in which they reached age 23; or
- Any other children, including step children, if:
  - You have legal guardianship; and
  - The dependent depends on you for care and support and lives with you in a parent-child relationship or a Qualified Medical Child Support Order (QMCSO) classifies them as dependents for purposes of providing health coverage

Provided, however, that any of the foregoing children (except one designated a dependent under a QMCSO) must otherwise be your tax "dependent" under section 152 of the Internal Revenue Code of 1986, as amended, without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof;

- Domestic partner (established through a signed affidavit except for residents of CA) if you and your domestic partner:
  - Are at least 18 years old;
  - Not married to another person or part of another domestic partner relationship;
  - Intend to remain each other's sole domestic partner indefinitely;
  - Have been in the partnership a minimum of 12 months;
  - Reside together in the same residence and intend to do so indefinitely;
  - Are emotionally committed to one another and share joint responsibilities for your common welfare and financial obligations;
  - Are not related by blood closer than would prohibit marriage in the state in which you live;
  - Are mentally competent to enter into contracts; and
  - Children of your domestic partner can be covered as dependents if they are your tax dependents, according to the above-cited IRS guidelines.

#### **Disability**

An illness or injury, as certified by a Medical Doctor or Doctor of Osteopathy, which prevents an Associate from working for more than five consecutive, scheduled work days.

#### **Earnings**

The total pay received by an Associate from the Employer during the calendar year. For most Plans, earnings include: base pay, bonuses, overtime, commissions, and amounts received as cash instead of elective deferrals under a cafeteria plan, 401(k) plan or certain other types of specified plans which allow elective contributions or other employee contributions. Earnings do not include: amounts awarded under any stock purchase plan, stock option plan or performance share incentive plan, contributions or benefits under the Plans, and amounts for car expenses, moving expenses, tuition reimbursements, welfare benefits and amounts received as severance pay or under a severance agreement. When applicable, the individual Plan includes a definition of earnings for the purpose of calculating contributions and benefits.

#### **Educational Assistance Request Form**

A form requesting to participate in the Educational Assistance Program for the upcoming school term.

#### **Educational Assistance Request for Reimbursement Form**

A form requesting reimbursement for courses taken during the term after courses have been completed.

#### **Elimination Period**

The elimination period is the period of time between the onset of a Disability, and the date you become eligible for benefits

#### **Enrollment Date**

- The date coverage becomes effective for Associates (and eligible Dependents) after meeting the appropriate service requirements.
- The date coverage becomes effective for Associates (and eligible Dependents) who enroll at annual enrollment or as a special enrollment.

**BlueCard PPO Program**

The Preferred Provider Organization component of the Empire BlueCross BlueShield Medical Plan that offers access to an extensive, national network of Health Care Providers who are affiliated with Empire BlueCross BlueShield and who offer benefits at the in-network level to Medical Plan Participants.

**Business Trip/Travel**

A valid trip or travel:

While on assignment for or at the direction of the Employer for the purpose of furthering the business of the Employer; Which begins when a person leaves his or her residence or place of regular employment, whichever occurs last, for the purpose of beginning the trip; Which ends when he or she returns to his or her residence or place of regular employment, whichever occurs first; and Excludes travel to and from work, valid leaves of absence or vacations.

**Centers of Excellence**

A facility designated by BlueCross BlueShield to render Medically Necessary Covered Services and supplies for certain procedures under this Plan.

**Coinsurance**

The percentage of Covered Expenses paid by the Plan and the Participant after the Deductible has been satisfied.

**Company**

Circuit City Stores, Inc., its parent and subsidiary corporations, and any successor by merger, purchase, consolidation or otherwise.

**Copayment**

Flat dollar amounts paid by the Participant for a specific service.

**Covered Expenses**

The Reasonable Charge made to the Participant for Covered Services and/or supplies under a particular Plan.

**Covered Family Members**

The covered Associate and her/his legal spouse and eligible Dependent children who are enrolled in the Plan.

**Covered Services**

A service that is Medically Necessary, required for treatment of a Medical Condition and recommended and approved by the attending Physician, unless noted otherwise in the Covered Services section of each applicable SPD.

**Creditable Coverage**

The period during which a Participant was previously covered under another health plan (i.e., group or individual, COBRA, Medicare, and/or Medicaid, etc.). S/he may be able to use evidence of that coverage to reduce or eliminate a Pre-existing Condition Exclusion Period.

**Deductible**

The amount the Participant must pay before the Plan begins to pay benefits for services which require Coinsurance.

**Dependent**

Subject to any additional restrictions set forth in this Plan document, eligible dependents for the Circuit City health and welfare plans are:

- Legal spouse;
- Unmarried dependent children, as follows:
  - Biological or adopted children until the earlier of the end of the calendar month in which they reach age 23 or are eligible as an associate under another group plan

### **Behavioral Health Treatment**

Treatment for any sickness:

1. Which is identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), including a psychological and/or physiological dependence or addiction to alcohol or psychoactive drugs or medications, regardless of any underlying physical or organic cause.
2. Where the treatment is primarily the use of psychotherapy or other psychotherapeutic methods.

All inpatient services, including Room and Board, given by a mental health facility or area of a Hospital which provides mental health or substance abuse treatment for a sickness identified in the DSM are considered Behavioral Health Treatment, except in cases of multiple diagnoses.

If there are multiple diagnoses, only the treatment for the sickness which is identified in the DSM is considered Behavioral Health Treatment.

Detoxification services given prior to and independent of a course of psychotherapy or substance abuse treatment are not considered Behavioral Health Treatment.

### **Beneficiary (Beneficiaries)**

The individual(s) whom an Associate designates to receive her/his vested account balance or benefits payable under a particular Plan, should the Associate die.

### **Beneficiary Form**

The written or electronic form that must be completed and received by a Plan in order to designate or change the individual(s) who will receive her/his vested account balance or benefits payable under the Plan, should the Associate die.

### **Benefit Base Rate**

An approximation of an Associate's annual Earnings used to calculate coverage. The approximation varies by employment type, as follows: Salaried Associates, the Associate's Base Annual Salary; and Hourly Associates, the Associate's Current Hourly Rate times 2080.

### **Birthing Center**

A specialized facility that is primarily a place for delivery of children following a normal uncomplicated pregnancy and that fully meets one of the following two tests:

1. Is licensed by the regulatory authority having responsibility for the licensing under the laws of the jurisdiction in which it is located.
2. Meets all of the following requirements:
  - Is operated and equipped in accordance with any applicable state law;
  - Is equipped to perform routine diagnostic and laboratory examinations such as hematocrit and urinalysis for glucose, protein, bacteria and specific gravity;
  - Is available to handle foreseeable emergencies, with trained personnel and necessary equipment including, but not limited to, oxygen, positive pressure mask, suction, intravenous equipment, equipment for maintaining infant temperature and ventilation, and blood expanders;
  - Operates under the full-time supervision of a licensed Doctor of Medicine (M.D.) or registered graduate nurse (RN);
  - Maintains a written agreement with at least one Hospital in the area for immediate acceptance of patients who develop complications;
  - Maintains an adequate medical record for each patient, the record to contain prenatal history, prenatal examination, any laboratory or diagnostic tests and a postpartum summary;
  - Expects to discharge or transfer patients within 48 hours following a vaginal delivery or 96 hours following a cesarean section.

## Glossary

### **Accelerated Death Benefit**

A one-time voluntary lump sum payment of up to 50% of the amount of an individual's Life Insurance coverage, not to exceed \$500,000, that can be requested if the covered individual is terminally ill and not expected to live more than 12 months. An accelerated benefit will reduce the benefit payable upon the individual's death or any amount of life insurance that would be continued under a Disability continuation provision or that may be available under the conversion privilege.

### **Actively at Work**

When an Associate performs her/his regular job and is working her/his regularly scheduled hours.

### **Adopted Child**

A child placed in your home through the adoption process by an authorized placement agency and/or a child adopted by final adoption order.

### **Ambulatory Surgical Center**

A specialized facility which is established, equipped, operated and staffed primarily for the purpose of performing surgical procedures and which fully meets one of the following two tests:

1. Is licensed as an ambulatory surgical center by the regulatory authority having responsibility for the licensing under the laws of the jurisdiction in which it is located.
2. Where licensing is not required, it meets all of the following requirements:
  - Is operated under the supervision of a licensed Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is devoting full time to supervision and permits a surgical procedure to be performed only by a duly qualified Physician who, at the time the procedure is performed, is privileged to perform the procedure in at least one Hospital in the area;
  - Requires in all cases, except those requiring only local infiltration anesthetics, that a licensed anesthesiologist administer the anesthetic or supervise an anesthetist who is administering the anesthetic and that the anesthesiologist or anesthetist remain present throughout the surgical procedure;
  - Provides at least one operating room and at least one post-anesthesia recovery room;
  - Is equipped to perform diagnostic x-ray and laboratory examinations or has an arrangement to obtain these services;
  - Has trained personnel and necessary equipment to handle emergency situations;
  - Has immediate access to a blood bank or blood supplies;
  - Provides the full-time services of one or more registered graduate nurses (RN) for patient care in the operating rooms and in the post-anesthesia recovery room;
  - Maintains an adequate medical record for each patient, the record to contain an admitting diagnosis including, for all patients except those undergoing a procedure under local anesthesia, a preoperative examination report, medical history and laboratory tests and/or X-rays, an operative report and a discharge summary.

### **Anthem Behavioral Health Program**

- A program which performs review of services for inpatient or outpatient treatment of mental health and substance abuse.

### **Associate**

Any person employed by the Employer, not including persons who are covered under a collective bargaining agreement that negotiates with the Employer for wages or conditions of employment (unless the agreement provides for Plan participation), independent contractors, outside directors or persons who are considered to be self-employed individuals under IRS Code Section 401(c).

### **Behavioral Health Licensed Provider**

A person who specializes in the treatment of mental or nervous disorders or substance abuse.

3. Is regularly engaged in providing Room and Board and continuously provides 24 hour-a-day skilled nursing care of sick and injured persons at the patient's expense during the convalescent state of an Injury or sickness.
4. Maintains a daily medical record of each patient who is under the care of a duly licensed Physician.
5. Is authorized to administer medication to patients on the order of a duly licensed Physician.
6. Is not, other than incidentally, a home for the aged, the blind or the deaf, a hotel, a domiciliary care home, a maternity home or a home for alcoholics or drug addicts or the mentally ill.

#### **Taxable Pay**

The amount of money used to calculate taxes. Taxable pay is subject to federal withholding tax after pre-tax deductions have been subtracted.

#### **Temporary Associate**

An Associate who is generally hired or placed in the status of Temporary for a period of less than 90 days. In special circumstances, Temporary Associates may be employed for longer than 90 days.

#### **Treatment Center**

A facility that meets all the following requirements:

1. Is established and operated in accordance with any applicable state law.
2. Provides a program of treatment approved by a Physician and the Plan administrator.
3. Has or maintains a written, specific and detailed regimen requiring full-time residence and full-time participation by the patient.
4. Provides all of the following basic services: Room and Board, evaluation and diagnosis, counseling, referral and orientation to specialized community resources.

#### **Urgent Care Center**

A non-hospital-based facility which provides Covered Services and supplies that are required in order to prevent serious deterioration of a covered person's health and that are required as a result of an unforeseen Injury or sickness or onset of threatening symptoms.

#### **Waiting Period**

The period of time from an Associate's hire date to the first of the month after meeting the appropriate service requirements when the Associate (and eligible Dependents, where applicable) may join a Plan.

#### **Western Medical Standards (for Travel Assistance Coverage only)**

Generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

#### **Workers' Compensation**

State mandated protection for the Employer and Associates in the event of a job-related Injury or sickness. The law provides medical and disability coverage for eligible Associates.

#### **Years of Service**

The completed number of years an Associate has worked for the Employer, in accordance with the Employer's Rehire/Reinstate Policy, as of a specified date.